

**APPLICATION DATA SHEET****Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	424/85.1
Suggested Group Art Unit::	1646
CD-Rom or CD-R?::	No
Sequence Submission::	CD
Computer Readable Form::	Yes
Number of Copies of CRF::	1
Title::	Tissue Protective Cytokines for the Protection, Restoration, and Enhancement of Responsive Cells, Tissues and Organs
Attorney Docket Number::	KW00-2B02-US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	29
Small Entity::	No
Petition Included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship::	US
Country::	US
Status::	Full Capacity

Given Name::	Michael
--------------	---------

Middle Name::  
Family Name:: Brines  
Name Suffix::  
City of Residence:: Woodbridge  
State or Providence of Residence:: CT  
Country of Residence:: US  
Street of Mailing Address:: 1 Wepawaug Road  
City of Mailing Address:: Woodbridge  
State or Providence of Mailing Address:: CT  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 06525

Applicant Authority Type:: Inventor  
Primary Citizenship:: US  
Country:: US  
Status:: Full Capacity

Given Name:: Anthony  
Middle Name::  
Family Name:: Cerami  
Name Suffix::  
City of Residence:: Somers  
State or Providence of Residence:: NY  
Country of Residence:: US  
Street of Mailing Address:: 58A Heritage Hill Road  
City of Mailing Address:: Somers  
State or Providence of Mailing Address:: NY  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 10589

Applicant Authority Type:: Inventor  
Primary Citizenship:: US  
Country:: US  
Status:: Full Capacity

Given Name:: Carla  
Middle Name::  
Family Name:: Cerami  
Name Suffix::  
City of Residence:: Sleepy Hollow  
State or Providence of Residence:: NY  
Country of Residence:: US  
Street of Mailing Address:: 121 Farrington Avenue  
City of Mailing Address:: Sleepy Hollow  
State or Providence of Mailing Address:: NY  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 10591

### **Correspondence Information**

Correspondence Customer

Number::

Name:: Frederick J. Hamble, Esq.  
Street of Mailing Address:: 712 Kitchawan Road  
City of Mailing Address:: Ossining  
State or Province of Mailing Address:: NY  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 10562

Phone Number:: (914)762-7586 ext. 207  
Fax Number:: (914)762-7292  
E-mail Address:: [fhamble@warrenpharma.com](mailto:fhamble@warrenpharma.com)

#### **Representative Information**

<b>Representative Designation::</b>	<b>Registration Number::</b>	<b>Representative Name::</b>
Primary	42,623	Frederick J. Hamble
Associate	44,414	Michael Yamin

#### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/US03/21350	07/03/2003
PCT/US03/21350	Continuation-in-part of	10/188,905	07/03/2002